

489583

**AUTHORIZATION FOR PARTICIPATION
CLINIC VOUCHER**

Project: ISSI Consulting Group, Inc. - VB-I70

Name: _____

Address: _____

Tests

1. Urine Arsenic
2. Hair Arsenic
3. Blood Lead

Authorized By: Bonita Smith, EPA

Date: 2/15/00

Note: This voucher is valid through Saturday, ~~March 31~~, 2000.

SEPTEMBER 9

Clinic Location

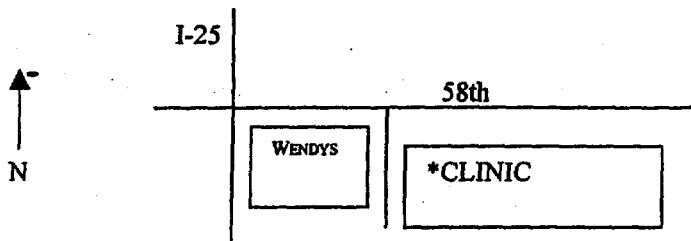
CONCENTRA MEDICAL CENTERS

CONCENTRA NORTH
420 E. 58th Ave., Suite 111
Denver, CO 80216
(303) 292-2273

Hours: 7 a.m. - 6 p.m.
(Walk-in, No appointment required)

**PLEASE CALL FOR AN APPOINTMENT
FOR CHILDREN**

Directions: Take I-25 to 58th St. Go east on 58th. The clinic is directly east of Wendy's.



CONSENT TO PARTICIPATE IN BIOMONITORING

Before agreeing that I will participate in this study, it is important that I read and understand the following explanation. It describes, in words that can be understood by a lay person, the purpose, procedures, benefits, risks and discomforts of the study and the precautions that will be taken. It also describes the alternatives available and the right to withdraw from the study at any time. It is important to understand that no guarantee or assurance can be made as to the results of the study. It is also understood that participation in this study is strictly voluntary and that refusal to participate in whole or any portion of the study will not result in penalty to me or my family, or influence the availability of standard medical treatment.

I, _____ have volunteered to participate in the biomonitoring program in my neighborhood.

I understand that by volunteering, I will receive information about the level of lead in my blood and/or the level of arsenic in my hair and/or urine.

OR

I, _____ wish to volunteer the following members of my family for blood lead, urinary arsenic and/or hair arsenic testing:

_____, age _____
_____, age _____
_____, age _____
_____, age _____

I understand that by volunteering, I will receive information about the level of lead in blood and/or arsenic in hair and/or urine in each member of my family who was tested.

Procedures

I understand that my voluntary participation in this biomonitoring program will involve some temporary inconvenience. I understand that I will be asked to go to a neighborhood location so that some blood, urine and/or hair can be collected from myself or members of my family.

I understand that I will not receive any compensation for my participation.

I _____, voluntarily agree to have the following samples collected as part of the biomonitoring program and consent to participation.

My participation involves (indicate which samples you would like to have collected):

Yes No

☐ ☐ urine (arsenic test). Allowing collection of about 3-4 oz. of urine.

☐ ☐ hair (arsenic test). Allowing collection of a small amount of hair (approximately as wide as a pencil) from an area on the head in a minimally conspicuous area.

☐ ☐ blood (lead test). Allowing collection of about 1-2 teaspoons of blood.

Potential Benefits

I understand that this study may benefit me because it may help me to determine if myself or members of my family are being exposed to excess levels of lead or arsenic, and may help me find ways to reduce these exposures.

Risks, Discomforts and Precautions

I understand that collection of blood requires that a small needle be used to enter a vein. I also understand that a bruise can develop at the site where blood is drawn.

I understand that collection of urine will require me to urinate into a collection container at the laboratory.

I understand that collection of hair requires that a small amount of hair be collected from near my scalp. The amount of hair will be approximately the width of a pencil. The location for the collection will be selected in a minimally conspicuous area.

Confidentiality of Records

I understand that personal information will be kept in confidence by the biomonitoring staff. I also understand that neither I, nor any member of my family, will be identified by name in any reports of the results of the program.

I understand that I can obtain additional information about this program and my rights by contacting Bonnie Lavelle, at (303)-312-6579, or the following address:

U.S. Environmental Protection Agency
999 18th Street, Suite 500
Denver, Colorado 80202

I understand that I have the right to withdraw from having my blood, urine, or hair tested at any time and that withdrawing will not result in any penalty to me.

Based on the information provided above and having had the opportunity to discuss any concerns with the investigator or his designee, I voluntarily consent to participate in this biomonitoring program.

Printed Name of Volunteer
(Or name of Parent or Guardian if form is
Being signed for a minor)

Signature of Volunteer

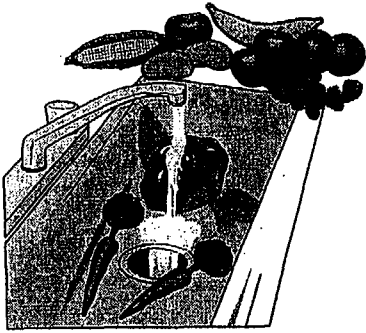
Name of Witness (Printed)

Signature of Witness

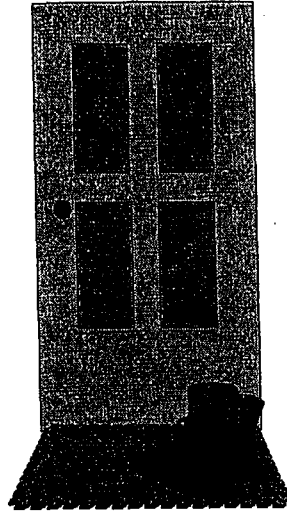
Date _____

Ways to protect your health

By keeping dirt from getting into your house and into your body



Wash and peel all fruits, vegetables, and root crops



Wipe shoes on doormat or remove shoes



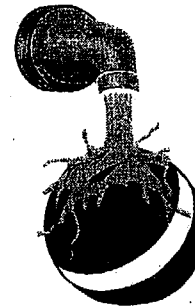
Don't eat food, chew gum, or smoke when working in the yard



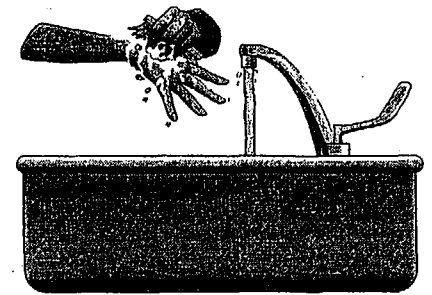
Damp mop floors and damp dust counters and furniture regularly



Wash dogs regularly



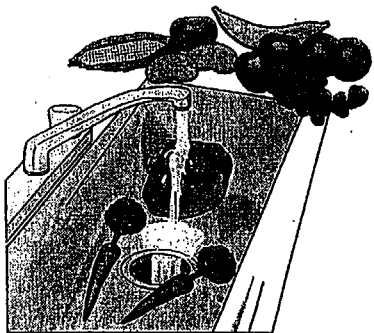
Wash children's toys regularly



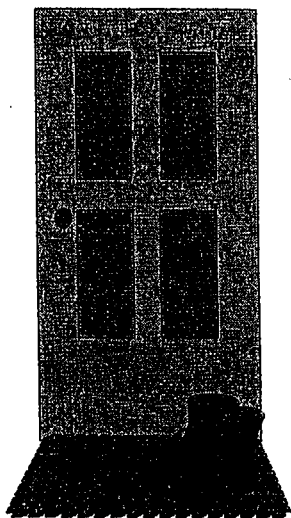
Wash children's hands and feet after they have been playing outside

Cómo proteger su salud

Evitando que el polvo entre a su casa o a su cuerpo



**Limpie y pele las frutas,
los vegetales y las viandas**



**Limpíese los zapatos en la alfombra
de la entrada o quítese los zapatos**



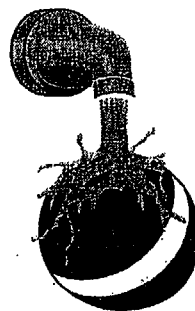
**No coma, mastique goma
de mascar, o fume mientras
esté trabajando en el patio**



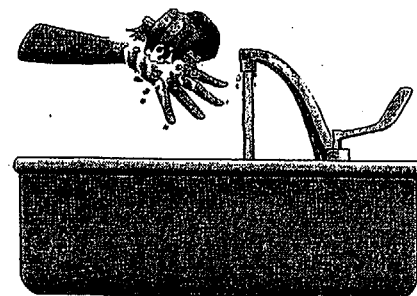
**Limpie la casa con
leño y trapeador húmedo**



**BaÑe a los perros
regularmente**



**Limpie regularmente
los juguetes de los niños**



**Lave las manos y los pies
de sus niños después de que
hayan estado jugando afuera**

How samples are collected:

Blood: About 2 tablespoons of blood will be drawn from each person who volunteers to participate in this study.

Urine: You will be given a collection cup, and asked to provide about 3 ounces of urine. You should avoid seafood and red wine for three days before you go.

Hair: A small bundle of hair (about the width of a pencil) will be collected from an inconspicuous place (back of the neck or behind the ears).